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CONFIRMATION NO. 2211

<b>SERIAL NUMBER</b> 10/605,212	<b>FILING OR 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> P02048901	
<b>APPLICANTS</b> Laura Anderer, West Palm Beach, FL; <b>** CONTINUING DATA *****</b> <i>yes - R/S</i> This appln claims benefit of 60/411,113 09/16/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>R/S</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Roy D. Gibson</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27689					
<b>TITLE</b> APPARATUS AND METHOD FOR APPLYING A SEQUENCE OF THERAPEUTIC LIGHTS TO SPECIFIC POINTS ON A PATIENT'S BODY					
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		